

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Sent via Express Mail
Label No.:

Application Number	10/036,920
Filing Date	December 21, 2001
First Named Inventor	Victoria E. Milton
Group Art Unit	2624
Examiner Name	Dillon J. Murphy
Attorney Docket Number	177744.01

ENCLOSURES (check all that apply)

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached

<input checked="" type="checkbox"/> Amendment / Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)

<input type="checkbox"/> Extension of Time Request

<input type="checkbox"/> Express Abandonment Request

<input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages)

<input checked="" type="checkbox"/> Response to Notice to File Missing Parts
<input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5 | <input type="checkbox"/> Assignment Papers
<i>(for an Application)</i>

<input type="checkbox"/> Drawing(s) (sheets)

<input type="checkbox"/> Declaration
<input type="checkbox"/> Newly Executed (pages)
<input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages)

<input type="checkbox"/> Licensing-related Papers

<input type="checkbox"/> Petition

<input type="checkbox"/> Petition to Convert to a Provisional Application

<input checked="" type="checkbox"/> General Power of Attorney (SB80)
<input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement

<input type="checkbox"/> Terminal Disclaimer

<input type="checkbox"/> Request for Refund

<input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to TC

<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences

<input type="checkbox"/> Appeal Communication to TC
<i>(Appeal Notice, Brief, Reply Brief)</i>

<input type="checkbox"/> Proprietary Information

<input type="checkbox"/> Status Letter

<input type="checkbox"/> Application Data Sheet

<input type="checkbox"/> Request for Corrected Filing Receipt

<input type="checkbox"/> Return Receipt Postcard

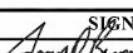
<input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/> |
|--|---|---|

CERTIFICATE OF MAILING OR TRANSMISSION
(Under 37 CFR § 1.8(e))

I hereby certify that this correspondence is being:

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January 6, 2006

Signature 
Normi Tovar
Printed Name

Remarks The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.

SIGNATURE OF ATTORNEY OR AGENT

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